

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-005013

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 60

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED FEB 25 1963

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kirkville

Length of stay in 1b

years

c. FULL NAME OF (If NOT in hospital, give location)

KIRKVILLE Osteopathic

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY Adair

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Kirkville

d. STREET ADDRESS

702 W. Hildreth

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

OPAL

Middle

FRENCH

Last

4. DATE OF DEATH

Month

Day

Year

February 14 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

☒ Never Married

8. DATE OF BIRTH

7/18/03

9. AGE (last birthday)

59

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Employee International Shoe Co.

10b. KIND OF BUSINESS OR INDUSTRY

Hurdland, Knox, Mo.

11. BIRTHPLACE (City and state or country)

U S

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John W. Hicks

13b. MOTHER'S MAIDEN NAME

Essie Ann Brown

14. NAME OF HUSBAND OR WIFE

John French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

John French, Kirkville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:)

IMMEDIATE CAUSE (a)

Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma of Breast

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 15, 1943 to February 14, 1963 and last saw her alive on February 14, 1963
Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Howard E. Gross MD

22b. ADDRESS

Kirkville, Mo

22c. DATE SIGNED

2-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 16/63

23c. NAME OF CEMETERY OR CREMATORY

Maple Hills

23d. LOCATION (City, town, or county)

Kirkville, Adair, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Foster Memorial Home, Kirkville, Mo.

25. DATE RECD. BY LOCAL REG.

Feb 18, 1963

26. REGISTRAR'S SIGNATURE

Wesley W. Rathoff

USE BLACK INK
OR
TYPEWRITER RIBBON

SEP

SEP 14 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

How E. Cross

Licensed Embalmer No.

4742

P. O. Address

Kukmully Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

HOWARD E. CROSS, D.O.

No permit issued